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DIAGNOSTIC AND INTERVENTIONAL ENDOSCOPY · ERCP · CAPSULE ENDOSCOPY · ACNES

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INFORMED FINANCIAL CONSENT

CAIRNS GASTROENTEROLOGY

Billing Policy for Private Endoscopy Patients

Your out-of-pocket (OOP) fee covers the following:

- 2 consultations (applicable to Medicare card holders only)
- Your procedure (i.e., colonoscopy, gastroscopy, colonoscopy & gastroscopy, etc.)
- Queensland Health levy

*Please note any subsequent consultations will incur an additional charge. Consultations fees depend on the complexity and length of consultation.

Endoscopy patients *may* receive up to 4 accounts as outlined below:

1.	Specialist Fee: Billed directly by Cairns Gastroenterology	Patients WITH appropriate health fund cover may have out-of-pocket fees after their health fund contribution. Such fees will need to be paid at your convenience at least two (2) weeks prior to the procedure.
		Patients WITHOUT health fund cover MAY be eligible to claim a rebate from Medicare. If you are eligible, you will be out-of-pocket the difference between the specialist fee and your rebate. The entire specialist fee will need to be paid at your convenience at least two (2) weeks prior to the procedure.
		An extra out of pocket fee will apply after your procedure for the removal of polyps, Haemorrhoid Banding or Dilatation, and an invoice will be sent to you. This amount is claimable for a Medicare rebate once you have paid and received an itemized receipt from Cains Gastroenterology.
		For all patients (insured & uninsured): For ALL patients the OOP fee will include a \$50 administration fee which is NON- REFUNDABLE should you cancel your procedure.
		To avoid any additional, unexpected out-of-pocket fees, please check with your fund to confirm that you will be covered for your procedure. Commonly used item numbers: Colonoscopy 32222, Gastroscopy 30473, Flexible Sigmoidoscopy 32084.
		If you are no longer in a government funded scheme (such as DVA/Defence) you are responsible for the full private fees.

2.	Anaesthetist Fee: Billed directly by anaesthetist	If you are unable to attend or need to reschedule your procedure, please advise our Medical Receptionist NO later than 7 business days prior to your appointment. If we are required to reschedule or cancel your appointment on THREE separate occasions, there will be an additional \$50 administration fee applied. Please note when making payment if no reference to your invoice number or surname is listed in your bank transfer, we will not be able to trace and confirm your deposit which may result in your procedure being cancelled. Fees charged depend on the procedure performed, how long the procedure takes and general health of the patient. This fee is NOT billed by Cairns Gastroenterology, but separately by the anaesthetist attending your procedure. Patients WITH appropriate health fund coverage may or may not have out-of- pocket anaesthetic costs depending on the level of your health fund cover. You will need to confirm this with the anaesthetist. You are required to contact Dr Mark Flynn on (07) 4061 2322 to organise a pre anaesthetic check.
		Patients WITHOUT health fund cover will need to claim a rebate from Medicare and will be out-of-pocket the gap between the rebate and the anaesthetic fee. We advise that you contact the Innisfail Hospital to get in touch with your anaesthetist prior to your procedure in this regard.
		You are required to contact Dr Mark Flynn on (07) 4061 2322 to organise a pre- anaesthetic check.
3.	Hospital theatre/accommodation fee: Billed directly by Innisfail hospital.	Patients WITH appropriate Hospital health fund membership MAY have to pay an EXCESS or CO-PAYMENT for theatre and accommodation fees depending on their level of hospital cover. Please clarify the exact amount with Innisfail Hospital and/or your health fund.
		Patients WITHOUT health fund cover should enquire with Innisfail Hospital (P: 07 4016 1434) with regards to theatre and accommodation fees as the cost varies depending on the procedure and equipment used.
4.	Pathology Fee: Billed directly by pathology company .	The specialist may take tissue sample(s) which are then sent to a pathology company for examination/histology.
		If you have a biopsy taken at the procedure, this is taken away to a pathology lab for analysis. As such, an invoice may be issued by pathologist company for this analysis of which a Medicare rebate and health funds may cover some of the fee.
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Specific Patient Information (prior to undergoing endoscopic procedures)

Gastroscopy

After a gastroscopy, a patient may:

- Have a numb mouth and tongue for a few hours,
- Feel bloated but this usually passes quite quickly,
- Feel drowsy as a result of sedation,
- Have a sore throat for a few hours,
- Have a tear of the oesophagus, stomach and duodenum occurs very rarely particularly if a biopsy is taken or polyp removed. This may require medication or surgical treatment.
- Have a test for Helicobacter Pylori taken on the day (1 capsule orally, followed by a breath sample) shortly after your gastroscopy.

Oesophageal dilatation

After an oesophageal dilatation, a patient may:

- Have as above for gastroscopy
- Have oesophageal perforation whilst rare can occur (rates of 0.1% to 0.4% have been reported)

Colonoscopy

- Bowel perforation rarely occurs (rates up 0.72% have been reported). The rate is highest in older patients, patients with unusual anatomy, patients with severe diverticulosis, patients with arterial disease, polyp removal, APC laser treatment and patients with bowel cancer. If this occurred, an operation may be required to repair the hole.
- Post polypectomy bleeding is uncommon and usually self-limiting. Rarely, a repeat colonoscopy may have to be performed to treat persistent bleeding.
- Post procedure discomfort due to air insufflation during procedure. This passes quickly.
- Missed lesions: polyps up to 1cm (miss rates of up to 10% have been reported). Polyps and bowel cancer greater than 1cm in size (miss rates of up to 2.5% have been reported). Please follow all preparation instructions as miss rates increase if bowel prep is poor.
- Incomplete colonoscopy: If there is an unusual bowel anatomy or pathology, it can be impossible to complete the procedure. You may then be referred for a CT colonography or barium enema as a supplementary test.
- Haemorrhoid banding: Varying degrees of discomfort, pain and bleeding can occur and last up to 2 weeks. Most patients settle with simple analgesia. A small number may require antibiotics for mild local infection.

Important Information

Please contact our office if you have had COVID-19 within the last 5 weeks, as we will need to reschedule your appointment/procedure.

Patients cannot have sedation within 4 weeks of recovery from symptoms and/or a positive COVID-19 (PCR or RAT) test.

- If your contact details remain current, we will inform both you and your GP of an appropriate recall period.
- You will be at the hospital between 4-6 hours on the day. As per hospital regulations, you will require an escort home (as you are not permitted to drive) and someone to stay with you after the procedure. If you do not provide details of an escort to the hospital, your procedure will be cancelled.
- Please note your escort must be at least 18 years of age.
- Any necessary medications can be taken as per usual, unless otherwise instructed.
- Please ensure this form is signed and returned to Cairns Gastroenterology prior to your procedure
- Patients are responsible for checking their own Body Mass Index (BMI) and notifying us where necessary. BMI limits exist at all facilities. The BMI limit for patients seen at Innisfail Hospital is 45 (if you have a BMI of 45 or above, please notify our reception team prior to your procedure). If you are above the limit, you MUST notify the hospital or our practice so we can reschedule your procedure to the appropriate facility. If you are unsure, please use the link below to check your BMI.
 https://www.bupa.com.au/healthlink/health-tools/bmi-calculator
- Please note, payment of your out-of-pocket fee is evidence of your consent and agreement to the payment policies and all other information mentioned in this document.

By signing below, I consent to the use of my personal information and Medical Photography Images by Cairns Gastroenterology to other health providers involved in my medical treatment and healthcare and I have read and understood the information on both sides of this leaflet prior to my procedure.

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Patient Name

X Date of Birth

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Signature



Date